



## STATE BOARD OF EXAMINERS FOR

### SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Mailing address - documentation only  
1100 West 49th Street  
Austin, Texas 78756-3183  
Phone: (512) 834-6627  
Fax: (512) 834-6786  
E-mail: [speech@tdh.state.tx.us](mailto:speech@tdh.state.tx.us)

Physical Address  
Mail not delivered to this address  
8407 Wall Street, S-420  
Austin, Texas 78754

[WWW.TDH.STATE.TX.US/HCQS/PLC/SPEECH.HTM](http://WWW.TDH.STATE.TX.US/HCQS/PLC/SPEECH.HTM)

**Budget ZZ117  
Fund 158**

Mailing address - documentation  
accompanied by a fee (include budget  
and fund as noted above)  
P.O. Box 12197  
Capitol Station  
Austin, Texas 78711-2197

## LATE RENEWAL OF A LICENSE PROCEDURES

Refer to §741.164 of Board rules for specific procedures to renew a license after expiration of the 60-day grace period. Section 741.181 addresses the Schedule of Fees. **Call the Board office for the exact amount of the fee(s) and the number of continuing education hours to submit.**

**IF THE 60-DAY GRACE PERIOD HAS NOT EXPIRED, YOU MUST SUBMIT THE RENEWAL FORM AND REQUIRED FEE (\$41, \$57, OR \$83) TO RENEW THE LICENSE. DO NOT SUBMIT THE ATTACHED LATE RENEWAL OF A LICENSE FORM AS THIS WILL DELAY THE RENEWAL OF THE LICENSE.**

### AFTER EXPIRATION OF THE 60-DAY GRACE PERIOD, SUBMIT THE FOLLOWING:

- \_\_\_\_\_ Late renewal fee (The penalty fee is assessed as follows: Submit all renewal fees not paid, plus the \$105.00 late penalty fee per license.)
- \_\_\_\_\_ Late Renewal of A License Form
- \_\_\_\_\_ A signed response to Question 2 and any other questions for which a response is required
- \_\_\_\_\_ Verification of approved continuing education hours earned within the appropriate time period (Refer to §741.164 (e) of Board rules to determine the number of hours you must have earned). Approved sponsors in Texas are listed on the Board's website
- \_\_\_\_\_ CE Log (Record of Continuing Education Hours Earned/Used/Date Credit Expires/Dropped Form)
- \_\_\_\_\_ Interns must submit the Report of Completed Internship Form for the past year's experience and the Intern Plan and Agreement of Supervision Form for the upcoming year
- \_\_\_\_\_ Assistants must submit the Supervisory Responsibility Statement Form
- \_\_\_\_\_ If you have defaulted on a student loan with the Texas Guaranteed Student Loan Corporation (TGS LC), you must submit an original letter from TGS LC stating we may renew the license

Submit the above documentation and fees to the Texas Comptroller at the following address:

State Board of Examiners for Speech-Language Pathology and Audiology  
Texas Department of Health  
P. O. Box 12197, Capitol Station  
Austin, Texas 78711-2197

(NOTE: A license that is not reactivated within the two year period after expiration may not be renewed and the license may not be restored, reissued, or reinstated thereafter, but that person may reapply for and obtain a new license if requirements of Texas Occupations Code, Chapter 401 (Act) and 22 T.A.C., Chapter 741 (Board Rules), are met.) The Act and Board Rules are available on the Internet at: [www.tdh.state.tx.us/hcqs/plc/speech.htm](http://www.tdh.state.tx.us/hcqs/plc/speech.htm)



**STATE BOARD OF EXAMINERS FOR  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

Mailing address - documentation only  
1100 West 49th Street  
Austin, Texas 78756-3183  
Phone: (512) 834-6627  
Fax: (512) 834-6786  
E-mail: [speech@tdh.state.tx.us](mailto:speech@tdh.state.tx.us)

Physical Address  
Mail not delivered to this address  
8407 Wall Street, S-420  
Austin, Texas 78754  
[WWW.TDH.STATE.TX.US/HCQS/PLC/SPEECH.HTM](http://WWW.TDH.STATE.TX.US/HCQS/PLC/SPEECH.HTM)

**Budget ZZ117  
Fund 158**

Mailing address - documentation  
accompanied by a fee (include budget  
and fund as noted above)  
P.O. Box 12197  
Capitol Station  
Austin, Texas 78711-2197

**LATE RENEWAL OF A LICENSE FORM**

A licensee who allowed his or her license to expire and did not renew it within 60 days of the expiration date of the license must complete and submit this form with the required late renewal penalty fee, the CE log, and proof of approved continuing education to renew the expired license.

**NOTE: If the Board office has reason to believe you practiced with an invalid license, the Complaint Committee will determine disciplinary action to be initiated.**

Name, address, and phone number of licensee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

License # \_\_\_\_\_ Area of Licensure: \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer (give name, address and phone number): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CIRCLE THE CORRECT RESPONSE. ALL LICENSEES MUST RESPOND TO THE FIRST THREE QUESTIONS. AUDIOLOGISTS AND INTERNS IN AUDIOLOGY MUST ALSO RESPOND TO THE FOURTH QUESTION.**

(1) Have you complied with all requirements of the Texas Occupations Code, Chapter 401 (Act), and the Board Rules, 22 Texas Administrative Code, Chapter 741, during the past renewal period(s) and agree to continue to abide by the Act and the current and subsequent rules of the Board for the forthcoming renewal period?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you responded "no" to the preceding question, give an explanation of the violation on an additional sheet of paper.

(2) Did you practice as a speech-language pathologist, audiologist, intern or assistant after the 60-day grace period (following expiration of the license)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Whatever your response to the preceding question, give an explanation on an additional sheet of paper. Supervision of interns and/or assistants is considered the practice of speech-language pathology or audiology. Fitting and dispensing of hearing instruments is considered the practice of audiology.

(3) Have you been convicted, plead guilty, plead nolo contendere, or received deferred adjudication in the last 12 months to any misdemeanor or felony?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If you responded "yes" to the preceding question, give date, state the charge and give an explanation on an additional sheet of paper.

**IN ADDITION, AUDIOLOGISTS AND INTERNS IN AUDIOLOGY MUST RESPOND TO THE FOLLOWING:**

(4) Do you wish to register to fit and dispense hearing instruments and agree to comply with the federal Food and Drug Administration guidelines for fitting and dispensing hearing instruments?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If you responded "yes" to the preceding question, you must also submit the \$16.00 registration renewal fee. (NOTE: If you have never been issued a fitting and dispensing registration number, you must submit the Fitting and Dispensing of Hearing Instruments Registration Form with the \$20.00 fee).

\_\_\_\_\_  
(Signature of Licensee)

\_\_\_\_\_  
(Date Signed)

**With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)**